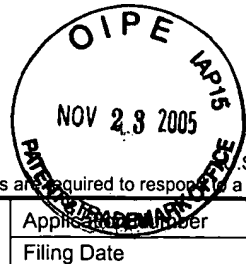


11-28-05

RC2  
JFW



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

09/997,805

Filing Date

November 30, 2001

First Named Inventor

Charles Martinka

Art Unit

3723

Examiner Name

Shantese L. McDonald

Attorney Docket Number

0121-0120

### ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Fee Transmittal Form</li><li><input checked="" type="checkbox"/> Fee Attached</li><li><input checked="" type="checkbox"/> Amendment/Reply</li><li><input checked="" type="checkbox"/> After Final</li><li><input type="checkbox"/> Affidavits/declaration(s)</li><li><input checked="" type="checkbox"/> Extension of Time Request</li><li><input type="checkbox"/> Express Abandonment Request</li><li><input type="checkbox"/> Information Disclosure Statement</li><li><input type="checkbox"/> Certified Copy of Priority Document(s)</li><li><input type="checkbox"/> Response to Missing Parts/Incomplete Application<ul style="list-style-type: none"><li><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</li></ul></li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Drawing(s)</li><li><input type="checkbox"/> Licensing-related Papers</li><li><input type="checkbox"/> Petition</li><li><input type="checkbox"/> Petition to Convert to a Provisional Application</li><li><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</li><li><input type="checkbox"/> Terminal Disclaimer</li><li><input type="checkbox"/> Request for Refund</li><li><input type="checkbox"/> CD, Number of CD(s) _____<ul style="list-style-type: none"><li><input type="checkbox"/> Landscape Table on CD</li></ul></li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> After Allowance Communication to TC</li><li><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</li><li><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</li><li><input type="checkbox"/> Proprietary Information</li><li><input type="checkbox"/> Status Letter</li><li><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<ul style="list-style-type: none"><li>- Request for Continued Examination (RCE)</li><li>- Stamped Return Postcard</li></ul></li></ul> |
|---|---|---|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.

Signature

Printed name Stephen B. Helfer

Date November 23, 2005

Reg. No. 30,181

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

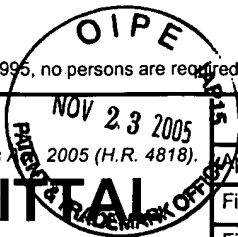
Typed or printed name Armando Ching Express Mail No. EV 643277336 US

Date November 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, Inc.  
www.USCourtForms.com



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## for FY 2005

### Complete If Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$455.00)

Application Number 09/997,805  
Filing Date November 30, 2001  
First Named Inventor Charles Martinka  
Examiner Name Shantese L. McDonald  
Art Unit 3723  
Attorney Docket No. 0121-0120

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50/1039 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = \_\_\_\_\_ /50= \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (1 month) 60.00

#### SUBMITTED BY

Signature Stephen B. Heller Registration No. 30,181 Telephone \_\_\_\_\_  
(Attorney/Agent)  
Name (Print/Type) Stephen B. Heller Express Mail No. EV 643277336 US Date November 23, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.